	STATE (OF MAR	YLAND-	CERTIFICATE OF DEATH	12112
1. PLACE OF	FIDEATH	1			113
County	Marge	1		Registration Dist. No	68
Village or Ci	ity Depen	5 for m		No. St., death occurred in a horpital or institution, give its NAME instead of street a	Ward
Length of resid	dence in city or fown where	death occurred			
2. FULL NAI	ME Mo	Han	10/3	andled.	
(a) Residence	137	mm	a ten m	C St. Ward.	
(a) Nesident		(Usual plac	e of abode)	If nonresident give city or town	and State
	AL AND STATIST	ICAL PÁRT	ICULARS	MEDICAL CERTIFICATE OF DEATH	d
I Remale	4. COLOR OR RACE	OR DIVORC	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH March 8	, 193
5a. If married, widowe HUSBANO ot	ed, or divorced	- 01		(Month) (Oay)	(Year)
(or) WIFE of Sufant				22. SHEREBY CERTIFY, That i atten	ded deceased from
5 DATE OF RIPTH (month day and year) Warch 9 1934				Mais S 104 to thet 8	, weth
6. DATE OF BIRTH (month, day, end year) 11 acch 8 7. AGE, Years Months Deys If LESS than				I last sew h_ldalive of 1500, 19	; death is said
At B.	is months	Ueys	1 day,hrs.	to have occurred on the date stated ebove, at	
8. Trade, profession, or particular			ormin.	were as follows:	Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc				The state of the	
9. Industry or business in which				John Mari War	
SAW MILI	done, es SILK MILL, L, BANK, etc		/-		
11. Total time (yeers) this occupation (month end			ent in this		
year)	01		rupation	Other Coatributory Causes of Importance:	
12. BIRTHPLACE (city		ming	un Tha		
(State or coun	(A)	Jayer	90		
13. NAME 14. BIRTHPLACE	earge (9)	unal	en mid		
14. BIRTHPLACE		burne	love Ina	Name of operation Oate of	of
(State of	the sith	10 h		What test confirmed diagnosis? Was there	an autopsy?
15. MAIOEN NAME OF THE PROPERTY OF THE PROPERT	1	doller "	cencie	23. If death was due to external causes (VIOLENCE) fill in also the follow	3.7
O 16. BIRTHPLACE (State or		20 July	000	Accident, suicide, or homicide? Oate of injury	, 19
(0.0.00	-G 12		1.	Where did Injury occur? (Specify city or town, county and	State)
17. INFORMANT(Address)	B tomm	gton	ma	Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC	PLACE.
18. BURIAL, CREMATI	7- 0	I ma	1.1.0.311	Manner of injury	
Place 15-5	in primo	Oate	0.,1924	Nature of injury	
19. UNDERTAKER (Address)	Jengel-	handle	u Fathy	24. Was disease or injury in any way related to occupation of deceased? If so, specify	
20. FILEO Diny	4.1934	of seif	attisou Registrar.	(Signed) lever of left tout	9/4 M.O.
1	If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	+

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1			
Date of onset	The principal cause of death and related causes of importance were as follows:		
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

B

(Address)

	ARGIN RESERVED FOR BINDING	ESERVE	D FO	R BI	NDING	PECOPA	5		X
-WKILE FIAINLY, We DINFADING INK-THIS IS A FERMANENT RECORD, EVERY ITEM OF INCOM-	annlied AG	F. should	he stal	ted E	XACTLY	7. PHYSI	CIANS	should	state
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	in terms, so that	at it may	be pro	perly	classified.	Exact stat	tement	of OCC	UPA.
TION is very important. See instructions on back of certificate.	See instructions	s on back	of cert	ificate.			1		

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	2000 1 Mh
County Sauch	Registration Dist. No.
Village or City dilsymiller	ND. St., Ward
	(If death occurred in a horpital or institution, give its NAME instead of street and number) nosds. How long in U.S. if of foreign birth?mosds
(a) Residence No.	St., Ward.
(Usual place of abode)	· If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If merried, widowed, or divorced	(Month) (Day) (Teel)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) May 3 - 1868	
7. AGE Yeers Months Days If LESS than	
65 11 18 1 day,hi	THE PRINCIPAL CAUSE OF DEATH and related Gauses of Importance
R Trade profession or particular	Were as follows: Fart delermined Date of onset
kind of work done, es SPINNER, Musee SAWYER, BDOKKEEPER, etc	Harrish dend
Industry or business in which work was done, as SILK MILL.	in Teed.
Kind of work done, as SPINNER, MANUAL SAWYER, BDOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and specific properties).	He never was sick, no further
	informations Center R.
12. BIRTHPLACE (city or town) 910 Locales	Other Coutributory Causes of importance:
(State or country)	
II 13. NAME John Sziowi	
14. BIRTHPLACE (city or town) Seatlern &	Name of operation Date of
(State or country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME En aul Duachan	23. If death wes due to external causes (VIOLENCE) fill in also the following:
= 28.710.0	Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT Guas Incalfund (Address) maleura and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, OREMATION, OR REMOVAL	Manner of injury
Place V. V.T. UMLLEY Date VILON. 2 T, 19	Nature of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify

(Signed)

24. Was disease or injury in any ways related to occupation of deceased?

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deccased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

CTATE	OF	MADVI	AND-CERTIFICATE O	FDEATH
SIAIF		MARYI	AND-CERTIFICATE ()	FIFAIR
JIAIL		141721717	AND CENTIL CATE O	I DEALL

02774

1. PLACE OF DEATH	
County Garrett	Registration Dist. Np.
Village or City With willer	No. 101 Recure St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number) 20. ds. How long in U.S. if of foreign birth? yrs mos ds.
m 1 000 B.	yrsmosas.
2. FULL NAME / Respair May / Moro	aury
(a) Residence: Np. (Usual place of abode)	St., / Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Much 13 193 4 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Michigan, Pankalls	22. 1 HEREBY CERTIFY. That I attended deceased from 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
6. DATE OF BIRTH (month, day, and year) Let. 23 - 18 49	1 last saw h.im alive on Man . 13 , 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at #_Pm.
83 — 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER,	C. Oal
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this securation (month and	Gronery Occusion #4 1938
work was done, as SILK MILL, SAW MILL, BANK, etc.	Musicarditio + Ale pertropher 1930
	Shirlity I
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	art in the second
	uncerprena
14. BIRTHPLACE (city or town) Jacett Co. Mary land	Name of operation Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME I Succes Durial	23. If death was due to externat causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) allegheny to Mary lung	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT fue J. Laufe	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Tayou W. Mar. 18. BURIAL, CREMATION, OR REMOVAL	Marca distant
Place Famille executings to May 13, 1934	Manner of Injury
19. UNDERTAKER O. 7. Sharpless' (Address)	24. Was disease or injury In any way related to occupation of deceased? No
20. FILED 3/14, 1934 a 4 Barrelle Registrar.	(Signed) A. M. D. (Address) Black of M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclcrosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

NG	-WRITE PLAINLY, W" H UNFADING INK-THIS IS A PERMANENT	mation should be careful, supplied. AGE should be stated EXACTLY	fed.	
MARGIN RESERVED FOR BINDING	SRMA	EXA	CAUSE OF DEATH in plain terms, so that it may be properly classified.	d)
OR B	A PI	ated I	operly	TION is very important. See instructions on back of certificate.
D F	IS IS	e st	oe pr	je cer
RVE	TH	pluo	may l	back
ESE	INK	JE sh	nat it	uo si
IN B	DING	1. AC	, se th	uction
ARG	UNFA	pplie	terms	instr
Z	H	IS J	plain	. See
	Y, W.	carefu	H in	rtant
	AINL	d be	DEAT	mpc impc
	E PL	Inous	OF]	s very
	VRIT.	ation	AUSE	ION i
-	1	E	C	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-0
County Farrella	Registration Dist. No. 16/
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
31	ds. How long in U.S. if of foreign birth?mos,ds.
2. FULL NAME alexander m Thisho	-7
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Mar 10 (1934— (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of alice Talkner	22. I HEREBY CERTIFY, That I attended deceased from March 1933 to Murch 10 1934
6. DATE OF BIRTH (month, day, and year) Oct 3 1863	I last saw have alive on March 10, 19.35, deeth is said
7. AGE Yeers Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, at
70 5 7 ormin.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Trammer SAWYER, BOOKKEEPER, etc.	Mital Regulation
kind of work done, as SPINNER. // Armer SAWYER, BOOKKEEPER, etc. // Armer SAWYER, etc.	
10. Oate deceased last worked at this occupation (month and year) spent in this occupation occupation	
12. BIRTHPLACE (city or town) maryland (State or country)	Other Coutributory Causes of importance:
13. NAME alexander O, hisholem	
13. NAME alexander Chusholem 14. BIRTHPLACE (city or town) Nat Known (State or country)	Name of operation
15. MAIDEN NAME Money & Bigs	What test confirmed diagnosis? Was there an autopsy Wes 23, If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) nat 12 morbon (State or country)	Accident, suicide, or homicide? Oate of injury, 19
17. INFORMANT Pay () . Chryselly (Address) Sylvasters, md.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place asher slade lee oate Mar 12, 1934	Manner of injury
19. UNDERTAKER Tilstarned (Address) Brandowville It has	24. Was disease or injury In any way related to occupation of deceased?
20. FILEO Mar. 11, 1934 Jeannette Statler Registrar.	(Signed) 131313 arton M. O. (Address) Markleyslung Pc
If more blanks are needed address State Penistras	near N. Charles Street Relaimone Properting 71 S. No

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
		I GRAFPI	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

1. PLACE O	F DEATH GARRETT				
County				Registration Dist. No. 166	
	city Oakland,		()	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.	
	ME Frankli				
	nce: No.	(Usual place		St., Ward. If nonresident give city or town and State	
PERSON	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
s. sex Male	4. COLOR OR RACE White	5. SINGLE, MARI OR DIVORCED Single	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH Harch, 4th, 1934 (Month) (Oay) (Year)	
5a. If married, widowed, or divorced HUSBAND of ON ON HIFE LY E. Cogley 6. DATE OF BIRTH (month, day, and year) April, 17, 1926 7. AGE Years Months Days If LESS then 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, Child. SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILS Chool age. SAW MILL, BANK, etc. 10. Oate decessed last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) Shallmar, Maryland. (State or country) Garrett Co.				22. I HEREBY CERTIFY, Thet I attended deceased from 19	
				I last say he sappeared from 30 the 19 Ice, death is sai to have occurred on the dete steted above, at 3, 30 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
			tin this	and the ice turned over, child fell into the Creek, body recovered the following day, Monday about 4:30 P Other Coutributery Causes of importance: After all night and day search body found about 200-ft, from where he	
			tin this pation		
13. NAME Ra	0 : -	nd, -d.		Name of operation	
16. BIRTHPLACE	ME Mamie Flo: (city or town) Gorman country) Garre	rence Ni	nes		
17. INFORMANT RE	ay E. Cogley Dakland, Ed.	,			
18. BURIAL, CREMAT	ion, or removal	Date Mch.	7, ,19.34	Menner of injury	
(Address)	Smory Bolder Dakland, -d.	1		24. Was disease or injury in any way related to occupation of deceased?	
20 FILED Ch	7, 1934 rul	isto	Registrar.	(Signed) (Address) aRland M	

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

4	

ż

	infor-	state	UPA-	
D	-WRITE PLAINLY, W. UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefury supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
1-2	y it	S	it of	1
	Ever	CLAN	temen	
	RD.	[XX]	sta	
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MARGIN RESERVED FOR BINDING	IANE	ACT	ssifie	
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R	A P	po	perly	ficat
FO	IS	stat	pro	certi
ED	HIS	be	be	Jo
RV	Y-7	pinoi	may	TION is very important. See instructions on back of certificate.
ESE	IN	E sh	at it	no s
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-	-WI	mat	CAI	TIO

STAT	E OF	MARYLAND—CERTIFICATE OF	DEATH
PEATH	41		

1. PLACE OF PEATH	
County Daniel	Registration Dist. No. 172
Village or City Vmdey Ind	No. St. Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
	nosds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME Navid & Days	ment
(a) Residence: No. James Pendence June (Usual place of abode)	TerSt., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE OR DIVORCED (aurite the word)	21. DATE OF DEATH Mar 9 193 4 (Year)
5a. If married, widowad, or divorced HUSBAND of	22. O I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	22. Jan HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) and 4 - 1853	lust saw h man alive on 3 10 1934; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, a 9-46 Pm.
50 8 1 day,hi	The FRICE AL CAOSE OF BEATH and related causes of importants
Trade profession or particular	Date of enset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceased last worked at this occupation (month and this propagation (month and spent in this count in th	//Lyocarditis + 1932
9. Industry or business in which work was done, as SILK MILL.	Exerclised Edena.
SAW MILL, BANK, etc.	Chrone Cephritis 1930
- The consequence of the contract of the con	Hypertendion 1933
year)occupation	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) The Down	Scuility
(State or country)	- Otto Alland
13. NAME 14. BIRTHPLACE (city or town) Morris	Crurity
	Name of operation
(State of country)	What test confirmed diagnosis? ———————————————————————————————————
15. MAIDEN NAME 16. BIRTHPLACE (city or town) Mus Buslin	23. If death was due to external causes (VIOLENCE) fill In also the following:
	Accident, suicide, or homicide?
(State or country) the range to , No.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT & french (Address) Winder 900	Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMOTION, OR REMOVAL	Manner of injury
Place	Z- Natura of Injury
19 UNDERTAKER OTHER I Sharplese	24. Was disease or injury In any way related to occupation of decaased? 700
(Address) Blance HVa	If so, spacify
20 FILE 3N21 134 Q & Barriel	(Signad) A. M. D.
Registrar.	(Address) flaine //

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

-	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5, 1927	Peritonitis	3 days ago
	10310	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(23)
County Harretto	Registration Dist. No.
Village or City Lock Lynn Ma	No. St., Ward deeth occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidanca in city or town where daath occurredyrsmos	
2. FULL NAME Margaret Wilda	Nardesty
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Ferral While OR DIVORCED (write the word)	May 12 ,193 4
5a. If marriad, widowad, or divorced	(Month) (Day) (Yaar)
HUSBAND OF Q Z, Hardesly	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw he alive on Man 11 1934; death is sale
7. AGE Years Month Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at
8. Trade, profession, or particular	wera as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	ρ
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Journal of the second	Tulmmary Juberaulons
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Barton Nd,	Other Coutributory Causes of importance;
(State or country)	
13. NAME Walthew Longridge	
13. NAME Walthew Jones and get 14. BIRTHPLACE (city or town) Scallet	Name of operation Date of
(Stata of country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Elisabeth Kick	23. If death was due to axternal causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Elizabeth Kirk 16. BIRTHPLACE (city or town) (Stata or country)	Accident, sulcide, or homicide?
PS Ha da ta	Whera did Injury occur? (Specify city or town, county and State) Spacify whather Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) Mit Lake Park	
18. BURIAL, CREMATION, OR REMOVAL Plan Burtum Mid Data Mary 12, 1924	Manner of injury
19. UNDERTAKER Zueray D, Balden	24. Was disaasa or Injury in any way related to occupation of decaased?
(Address) Cathland, Wa.	If so, specify
20. FILED Ch. 2, 1934 Sulia Cowars Registrar.	(Signed) 1. 8. M. m. of mufary M. D. (Address) Ought make My L.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis .	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		RECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	59:0
County Garrett	Registration Dist. No.
Village or City Mean Inegry church	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) 5 ds. How long in U.S. If of foreign birth?
2. FULL NAMES Somell Juther !	Vares es
(a) Residence: No.	St. Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word)	21. DATE OF DEATH Max 23 193 44 (Month) (Day) (Pear)
5a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY That strended deceased from
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Jan 18 1931	I lest saw h elive on Dear ber 15, 1973; deeth is seid
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 2.2%m.
3 2 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Jugarocephalus: congental.
9 Industry or business In which	Oct Cugo
work wes done, as SILK MILL, SAW MILL, BANK, etc	7734
and occupendi (month and	1
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Aces Shall Shall (State or country)	
E 13. NAME John Sand Kouses	
14. BIRTHPLACE (city or town)	Neme of operation. Name Date of
(State or country)	What test confirmed diagnosis? Clanaral Was there en eutopsy 10
15. MAIDEN NAME Venie Gnean	23. If deeth wes due to external causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Re. Warland. Mat.	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Date Date Date	Nature of injury
19. UNDERTAKER J. M. Sohnock	24. Was disease or injury In any way related to occupation of deceased?
(Address)	If so, specify Marsed (M. Philler)
20, FILE Mar 23, 184 This C. Maffe	(Signed) M. D. (Address) (Signed) M. D.
A	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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4	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year.
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA
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TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	02150
1. PLACE OF DEATH	(23)	3
County Jarrett Viente	Registration Dist. No.	2-
Village or City Tiles Westernkort	NoSt.,	Ward
Length of residence In city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and a control of the control of th	
2. FULL NAME Resinals Blune	Wolf	
(a) Residence: No. new Hesternkout ms	St. Ward.	
(Usualolace of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
J. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Married Married	May (Month) (Day)	, 193 (Year)
HUSBAND of Cora alice North	22. I HEREBY CERTIFY, That I attended Mareh 14 1934 to March 23	11
5. DATE OF BIRTH (month, day, end year) Feb. 16 1982	I last saw h elive on, 19, 19	.; deeth is sald
AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at 10- a.m.	
521 / 6 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	Date of onset
8. Trade, profession, or particular hind of work done, as SPINNER Track Hork SAWYER, BOOKKEEPER, etc.	Tuberculosis	9
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
10. Date deceased last worked at this occupetion (month and deceased last worked at spant in this 3/42		
year) 122 occupation 1670	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Alleger Stranger (State or country) West Lugaria	Pulmonory Heworkoge	3-22-3
13. NAME Charles William Hatt	,	
14. BIRTHPLACE (city or town) Letanghung (State or country) West	Name of operation Nowe Date of What test confirmed diagnosis? Physical Signs. Westhere an a	autoney? No
15. MAIDEN NAME (ALCO) Hallen)	23. If death wes due to external causes (VIOLENCE) fill in also the following	-
16. BIRTHPLACE (city or town) Mayorille	Accident, sulcide, or homicide? Date of injury	
17. INFORMANT Mr. Jem Suran	Where did injury occur?(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	
(Address) /42 & Water Sty Was		
18. BURIAL, CREMATION, OR REMOVAL W. Va. Date MAN. 25 1934	Manner of injury	
A.L. B O	Neture of Injury 24. Was disease or injury In any way related to occupation of deceesed?	to
19. UNDERTAKER W. S. (Address) Western Kart Mal	If so, specify	<
20, FILED MICh 24 1034 Donny Callison	(Signed) Vaul & Wilson	M. D.
Registrar.	(Address) Preduont, W. VI.	

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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. Example I		Example II	-
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis CE11-	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
c/			
1 UV c			
Other contributory causes of importance:		Other contributory causes of importance:	
Gullstones	May 1,1923	Gastroenteritis	1 year

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V. S. No.	N. B.	(1	T
	A		-	-

OSI

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1. PLACE OF DEATH				(10.0)			
County Garrett				Registration Dist. No. 166			
Village or City Oakland, Maryland.				NoSt.,St.,St.	Ward		
Length of residence in city or	lown where deatl	occurred		ds. How long in U.S. if of foreign birth?rrsm			
2. FULL NAME Lib	by Loui	ise Ke	lley. Bij	rth registered as Libby Jane,	Kelley.		
(a) Residence: No. SW&	llow Fa	(Usual place		St., Ward. If nonresident give city or town and	d State		
PERSONAL AND S	TATISTICA	L PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH			
Female Whi	OB DIVIDED () The many			21. DATE OF DEATH March, 8, 1934 (Month) (Day)	, 193(Year)		
5a. If married, widowed, or divorced HUSBAND of Dorsey E. Kelley				22. I HEREBY CERTIFY, That I attended			
6. DATE OF BIRTH (month, day, and	year) Octo	ber.	15. 1932	I last saw h elive on			
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 4-Am.			
1	4	20	l day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset		
8. Trade, profession, or particul kind of work done, as SF	INNER. Trof	ant.		Lobor Pneumonia (Probable)	Mch. 7.		
✓ Industry or business in whic	h				1.934		
work was done, as SILK SAW MILL, BANK, etc		1		No Physician in attendance.			
Do Date deceased last worked a this occupetion (month an year)	d d		me (years) It in this pation				
12. BIRTHPLACE (city or town) Oal (State or country)	kland, rett Co	and.		Other Contributory Causes of importance:			
13. NAME Dorsey E			y				
14. BIRTHPLACE (city or town)	Pleasan ton Co.	t Hil:	1.	Name of operation Date of What test confirmed diagnosis? Was there an			
15. MAIDEN NAMETY EL	len Kel	ley F	aust.	23. If death was due to external causes (VIOLENCE) fill in also the following			
I6. BIRTHPLACE (city or town)-	Luzern	Pa,		Accident, suicide, or homicide? Date of injury			
IT. INFORMANT Dorsey E (Address) Oakland	Kelle	y		(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOV	AL	oate ICh.	9, ,19 34	Manner of injury			
19. UNDERTAKER EMOTY Bo (Address) Vaklond	olden d.			24. Was disease or injury in any way related to occupation of deceased?)		
20. FILED 3/8/34 , 19	Ilia	Kow	Registrar.	(Signed) Wind Town Town (Agdress) Orland. Ma	egentmia		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deccased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: 1915 Attack of epilepsy Arterioselerosis 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL.	SPACE FOR	FURTHER	STATEMENTS	RY	PHYSICI	IN A
ADDITIONAL	SPACE FUR	PURIDER	STATEMENTS	DI	I II I SICIA	N. L.

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	6630
1. PLACE OF PEATH		3)	
County Jarrett C	2	Registration Dist. No. 169	
Village or City	ue (16	No. St., death occurred in a hospital or institution, give its NAME instead of street and number	Ward
Length of residence in city or town where deeth or			
2. FULL NAME Sufant	son cla	de Landis	
(a) Residence: No.	Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL	. PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Serval 4. COLOR OR RACE OF	NGLE, MARRIED, WIDOWED, R DtVORCED (write the word)	21. DATE OF DEATH Mus. (Dev) 19.	(Yeer)
a. If married, widowed, or divorced HUSBAND of		22. I HEREBY CERTIEY, That I ettended dece	
(or) WIFE of		man / 193 (to Man /	193 4
6. DATE OF BIRTH (month, day, and year) In ch	2 - 1934		eth Is said
7. AGE Years Months	Days If LESS then 1 day,hrs. ormin.	to have occurred on the data stated above, atm. Tha PRINCIPAL CAUSE OF DEATH and retated causes of importance were as follows:	te otonset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.		Stillbow due	te otonset
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked et	** * * * * * * * * * * * * * * * * * *	to Premature birth	
O 10. Date deceased lest worked et this occupetion (month and year)	11. Totel time (yeers) spent in this occupation	7 mo.	
In DIDTUM ACT (Since As Sugar	Town o	Other Contributory Causes of importence:	
12. BIRTHPLACE (city or town) (Stete or country)	9n0	Fues :	
13. NAME Clydl Las	ndis		
13. NAME CLYCL TANK	Sauge	Name of operation Date of	
(Steta of country)	gree o	What tast confirmed diagnosis? Wes there en eutop	sy?
15. MAIDEN NAME CONTROL 16. BIRTHPLACE (city or town)	friend	23. If death was dua to externel causes (VIOLENCE) fill in also the following:	
O 16. BIRTHPLACE (city or town) (Stata or country)	ma	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT Clyds don (Address)	ndia 9	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	mal he ou	Mannar of injury	
Place Det	193/	Nature of Injury	
19. UNDERTAKER CARRIES	andy	24. Was disease or tnjury in any way releted to occupation of deceased?	
(Address)	and Ma	tf so, specify	
20. FILED / M. Cho 1971934 Wille	Metskery Registrar.	(Signed) (Address) Blace WY	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 near

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certificate.

See instructions on back of

TION is very important.

should state

PHYSICIANS

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-0
County Garrett	Registration Dist. No. 169
Village or City Swandow file (IF	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city town where death occurredmos.	How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Laura Rebecca	Lee
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OB RACE COLOR OB RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May. 10 193 4 (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of F. T.	22. I HEREBY CERTIFY, Thet I attended deceased from Nec 13" 1953, 19 , to March 19 , 19-34
6. DATE OF BIRTH (month, day, and year) 700, 16 1889 7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, et
54 3 24 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were es follows:
8. Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and	Chrinic myocarditis
work was done, es SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked et this occupation (month end year) year) 11. Totel time (yeers) spent in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) Cryman Murpher 13. NAME /// Clear Murpher	
13. NAME Welleast Merphy 14. BIRTHPLACE (city or town) (State or country)	Name of operation
×	Whet test confirmed diagnosis? Was there an eulopsy?
6. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
77. INFORMANT (Address) Account of the Management of the Managemen	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
TO Place Date May 13 19 3 9	Manner of injury
19. UNDERTAKER Othe 7. Sharpless (Address)	Nature of Injury 24. Was disease or injury in any way related to occupation of deceased?
20. FILED Mcho 10, 1984 alling Chiley Registrat.	(Signed) Alway W. M.D. (Address) Outland Mrd.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	The Control
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
<i></i>		SECELVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH County Village or City Out a and Mark AN Village or City Out and Mark AN Village or City Out and Mark AN Langth of residence in city or town where death occurred War And Out and the City or town where death occurred War And County And County (a) Residence: No. (but a place of shools) PERSONAL AND STATISTICAL PARTICULARS S. SEX 4. COUR OR RACE S. SINCLE, MARIE, WINOWED ON BY ORCED (wars the weel) 1. S. SEX 4. COUR OR RACE S. SINCLE, MARIE, WINOWED ON BY ORCED (wars the weel) 1. DATE OF BIFTH (month, day, end year) 1. DATE OF BIFTH (month, day, end year) 1. SAWYER, BOOKKEPER, etc. 2. I HEREBY CERTIFY. That I altereded decessed from the weel) 2. I HEREBY CERTIFY. That I altereded decessed from the weel of the companion of the weel of the weel of the companion of the weel of the companion of the weel of t	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City. Out death occurred in a koopial or institution, give in NAME instead of street and number) (a) Residence: In city or town where deeth occurred 2. FULL NAME (a) Residence: No. (Usual place of abodo) PERSONAL AND STATISTICAL PARTICULANS S.I. Ward. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULANS S.I. Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. I HER EBY CERTIFY. That I attended deceased from the state of the state and the stated above, at 192 / death is said to be see occurred on the date stated above, at 192 / death is said to be see occurred on the state stated above, at 192 / death is said to be see occurred on the state stated above, at 192 / death is said to be see occurred on the state stated above, at 192 / death is said to be see occurred on the state stated above, at 192 / death is said to be see occurred on the state stated above, at 192 / death is said to be seed on the state of	1. PLACE OF DEATH @	(160.6)
Langth of residence in city or town where deeth occurred with a social or institution, give in NAME instead of street and number?) 2. FULL NAME (a) Residence: No. (Unsulplace of shock) PERSONAL AND STATISTICAL PARTICULARS 3. SIXX (COLOR OR RACE S. SINCLE MARRIED, WIOOWED. OR DISORCES (WINTER WOOD) 5. I I married, widowed, or divorced (Usus) Sah of the control of the co	County 7am	Registration Dist. No. / 6 6
Langth of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds. 2. FULL NAME (a) Residence: No. (Unsulplace of shoots) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCIE, MARRIEL WOODS 5. If married, widowed, or divorced HUSSANO of or divorced HUSSANO or of vorced HUSSANO or or perticular 7. AGE Year Months Oays 11 LESS than 1 day, hrs. 1 day, hrs. 1 frade, profession, or perticular SAW MILL, BARK, etc. 1. Olor or backed at worked at spen in this occupation month and year) 1. Industry or business in which its saw		No. St., Ward
2. FULL NAME (a) Residence: No. (Usualplace of abodo) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCLE, MARRIED, WIOOWED, OR DEATH 21. DATE OF DEATH 22. I HEREBY CERTIFY, That I eltended deceased from 1987 in 1885 in 1987 in		
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 14. COLOR OR RACE OR DIFORCE (wind the word) Sa. If married, videned, or divorced Sa. If married, videned, or divorced Sa. If married, videned, or divorced Sa. DATE OF DEATH 22. I HER EBY CERTIFY, That I attended deceased from the word of the date stated above, at the word of the date stated above, at the word of the word of the word of the date stated above, at the word of the		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIOOWED, OR DLYORCED (write the word) 1. Married, widowed, or divorced 1. Months Capy 1970 5. LI married, widowed, or divorced 1. Months Capy 1970 6. DATE OF BIRTH (month, day, end yeer) 7. ACE Years Months Capy 11 LESS than 1. Last saw h		Oh Wand
3. SEX 1. COLOR OR RACE OR DIFORCED Comic the word) So. II married, widowed, or divorced INSTITUTE COLOR OR RACE OR DIFORCED Comic the word) So. DATE OF SIRTH (month, day, end year) 7. ACE Years Months Oays If LESS than I day, hrs. or min. SAWYER, BOOKKEPER, etc. SAWYER, BOOKKEPER, etc. SAWYER, BOOKKEPER, etc. SINDANE OF DEATH and related causes of importance were as follows: Other Cestributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) Manner of operation. Date of injury 13. Indane Name Oute of injury 14. BIRTHPLACE (city or town) (State or country) Manner of injury 15. MAIDEN NAME Oute of injury Name of operation. Manner of injury Name of operation. Manner of injury Name of injury court. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Oute of one of the country o		
OR DUONCED (**mic the word) Sa. If married, widowed, or divorced HUSBAND HUSBAND E. DATE OF BIRTH (month, day, end yeer) Months Oays If LESS than I day. It ast saw h	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
So. If married, widewed, or divorced HUSSANO of Cognitive Wide Cog	OB Dillongra (. Ab. and)	
HISSAND of Carry FEDT Natural Cog Fed Natural	Mees de luis Rugue	193
19 to 19 death is said to heve occurred on the date stated above, at 19 death is said to heve occurred on the date stated above, at 19 death is said to heve occurred on the date stated above, at 19 death is said to heve occurred on the date stated above, at 19 death is said to heve occurred on the date stated above, at 19 death is said to heve occurred on the date stated above, at 19 death is said to heve occurred on the date stated above, at 19 death is said to heve occurred on the date stated above, at 19 death is said to heve occurred on the date stated above, at 19 death is said to heve occurred on the date stated above, at 19 death is said to heve occurred on the date stated above, at 19 death is said to the heve occurred on the date stated above, at 19 death is said to the heve occurred on the date stated above, at 19 death is said to the heve occurred on the date stated above, at 19 death is said to the heve occurred on the date stated above, at 19 death is said to the heve occurred on the date stated above, at 19 death is said to the heve occurred on the date stated above, at 19 death is said to the heve occurred on the date stated above, at 19 death is said to the heve occurred on the date stated above, at 19 death is said to the heve occurred on the date stated above, at 19 death is said to the heve occurred on the date stated above, at 20 death is said to the heve occurred on the date stated above, at 20 death is said to the heve occurred on the date stated above, at 20 death is said to the heve occurred on the date stated above, at 20 death is said to the heve occurred on the date stated above, at 20 death is said to the heve occurred on the date stated above, at 20 death is said to the heve occurred on the date stated above, at 20 death is said to the heve occurred on the date stated above, at 20 death is said to the work and the date stated above, at 20 death is said to the heve occurred as follows: 12 BIRTHPLACE (city or town)	C HUSBANO of	22. I HEREBY CERTIEV That I attended deceased from
7. AGE Years Months Oays If LESS than 1 day,	the formand rog peuts	3-1
T. AGE Years Months Oays If LESS than 1day, hrs. or. min. It Fragment on the date stated above, at	6. DATE OF BIRTH (month, day, end yeer) Mass 8 1934	I last saw h alive on 8, 195 4; death is said
Trude, profession, or perticular kind of work done as SPINNER, SWYER, BOKKEPER, etc. 9. Industry or business in which LSAW BILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, DR REMOVAL Place Pla	1, 2200 1	to heve occurred on the date stated above, at 6.20 /- m.
Trade, profession, or perficular Namo of perfic	ormin.	were se followe:
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15. MATDEN NAME 15. MATDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT (Specify city or town, county and State) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER 19. UNDERTA	14. BtRTHPLACE (city or town)	
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Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Multicular Doete Mars 1 9.24 19. UNOERTAKER Engage Boller 2 24. Was disease or injury in any way related to occupetion of deceased? (Address) 18. Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) Manner of injury 24. Was disease or injury in any way related to occupetion of deceased? (Address) (Signed) M. D.	State or country)	
18. BURIAL, CREMATION, OR REMOVAL Place Multinium Moete Mars 4, 1934 19. UNOERTAKER Employer Bolling 24. Was disease or injury in any way related to occupetion of deceased? (Address) Associated Control of the contr	17 INFORMANT Morens Ray Leven	(Specify city or town, county and State)
Place Muderhund Oete Man 9 , 1934 Neture of injury 19. UNOERTAKER Employ Bolelo 24. Was disease or injury in any way related to occupetion of deceased? (Address) Address Proof Proo		
19. UNOERTAKER English Bolel 24. Was disease or injury in any way related to occupetion of deceased? (Address) Affice A 2006 (Signed) Record M. D.	and I will me I	Manner of injury
20 (Address) Paller la mol If so, specify A Backware M. D. (Signed) M. D.	Place Manuel (100te 100)	Neture of injury
20 MED 1 Ch 11, 1934 Julia Rowan (Signed) 1. It askers M. D.	1	24. Was disease or injury in any way related to occupetion of deceased?
20 Miles I Miles Turker	(Address) Gastlewdg med	
(Address)	20 MED Ch 1, 1934 rule's Kowan	0 2 2 0 0
If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill." etc. the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		
Date of onset	of importance were as follows:	Date of onset
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

N. B.

(N		, PHYSI- ed. Exact
	T RECORD	pplied. ACE should be stated EXACTLY, PHYSI-erms so that it may be properly classified. Exact
VED FOR BINDIN	THIS IS A PERMANENT RECORD	chould be sit it may be pi
VED FOR	-THIS IS A	pplied. ACE erms so tha

PLACE OF BEATH County SWeet	STATE OF MARYLAND CERTIFICATE OF DEATH
BD X) +	Registration Dist. No. 163
Village or City Hoowing Ch. 14	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3/SEX 4 COLOR OR PRACE 5 SINGLE.	MEDICAL CERTIFICATE OF DEATH
Male With or Divorceo (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH aug) 70 1901	17 THEREBY CERTIFY, That I attended the deceased from Much 3 1924, to Mch 3 1934,
(Nonth) (Day) (Year)	that I last saw halive on, 192,
7 AGE	
3 / yrs	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or	acuto aleoheem
particular kind of work (b) General nature of industry	11
business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country) Beryl levy	Contributory Secondary (Duration) 718 mos ds,
10 NAME OF FATHER PULL PULL PULL PULL PULL PULL PULL PUL	(Signed) accorded to the Streeton M. D.
U 11 BIRTHPLACE OF FATHER	192. (Address)
Z (State or country) Z 12 MalDEN NAME (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER COUNTY	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Truns- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsds. In the Stateyrsds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of deah?
(Informant) Mis Stuy rejucts	Former or usual residence
(Address) Bey & BU	19 PLAGE OF BURIAL OR REMOVAL OF BURIAL OR 3, 1934
Filed apr 3-34192 Horsely Patterson Registras	20 ENDERTAKER James William (1)
If more banks are needed, addre.s . tate Kegistra	r, 16 V. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wornwithout more precise specification as Day (b) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Dinhlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> st_ted unless important. Example: Measles (disease "Deblity" ("Congenital," "Senile," etc.), "Drcpsy,"
> "E:haustion," "Heart failure," "Hemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," 10 ds. Never report mere symptoms or terminal condi-(secondar) or intercurrent) use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-American Medical Association.) perilonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS state MEANS OF INJULY by Committee on Nomenclature cough; Chronic etc. The contributory affection need valvular Always qualify all heart not disease;

If this certificate is looked over thoroughly and all qu stlons answered in detail, it will prevent further correspondence. All the data is pesential and must be obtained before the certificate is permanently filed.

V. S. No. 1 N. B.—V

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Sarrett Co. Dist. 1	Registration Dist. No. /70
Village or City Avillon Mas	
O Teleconteconomical and a first transfer of the second and the se	f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Elizabeth Emma	me tengie
(a) Residence: No. Zorbelon Rt (Updai place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (writishe word) That is a series of the control of the contr	21. DATE OF DEATH NOT / U , 193 4 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of of one me tonge	nov 15 1933 to morch 10 1934
6. DATE OF BIRTH (month, day, and year) may 10 - 1863	I last saw har alive on mount 9 , 19 34; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at
0 0 ormin,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc.	Parameter
Industry or business in which work was done, as SILK MILL,	July Country of
SAW MILL, BANK, etc.	
O To. Date deceased last worked at VOV/931 11. Total time (years) this occupation (month and year) spent in this occupation occupation.	
12. BIRTHPLACE (city or town) Borton, mol	Other Contributory Causes of importance:
13. NAME Thomas Ilian	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? X-lay Was there an autopsy? 2
15. MAIDEN NAME from Summoull	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME DOY Summerulle 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
(Address) AUIII M MA	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place S and Date Mar 12, 1934	Manner of Injury
wom Muloche.	Nature of Injury
19. UNDERTAKER (Address) Free STEEL MAN	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Mar 10, 1934 Beo 13 Brown	(Signed) W. A. V. Dung M. E. (Address) 74 1 as through me
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis , Q 3 1 2 2 3 3	3 days ago
		alan in realization and an analysis of the second	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	CERTIFICATE OF BEATH
County Sauette	Registration Dist. No. 16 V
Village or City Clasits villo	No. St Ward
	(If death occurred in a horpital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary Ellen Do	a land Me Kinner
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DLYORCED (write the word)	21. DATE OF DEATH Hay 3/ 1934
Se. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, dey, and year) Mar 2 4 1933	1 last saw h. La. alive on 11 an 30, 1934; death is said
7. AGE Years Months Days if LESS than	to heve occurred on the date stated above, at 2:40 /m.
4 6 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importence
R Trade profession or particular	A Mangalatian la Claming Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	ruftline of Perloweillas
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	alsoch 150.
10. Date deceased last worked at this occupation (month and spant in this	
year) occupation	Other Contributory Causes of Importance;
12. BIRTHPLACE (city or town) (State or country)	
I // for / cash to	
[14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Date
15. MAIDEN NAME Rlang Mc Sensil	What test confirmed diegnosis? Was there an aulopsyllo- 23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Rlana M Sengil 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury, 19
S (State or country)	Where did injury occur?
17. INFORMANT (Lugus M - Lougel	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OB REMOVAL	Menner of injury
Place I Calls Very Date Uff 1934	Nature of Injury
19. UNDERTAKER Ulm Mintellieg	24. Was disease or Injury In any way related to occupation of deceased?
20 FILED apr 1, 1934 B>+ Dill	If so, specify (Signed) M. D.
Registrar.	(Address) A Maritastille Ulas
as more planks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory eauses of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------	-----	---------	------------	----	-----------

-WRITE

(Address)

20, FILED March 18, 34

1. PLACE OF DEATH			210	-42	7.00	
County Garrett Village or City M. sade J. Length of residence in city or town where	death occurred	yrsmos	f death occurred in a hospital or in	Registration Dis	stead of street and	number)
2. FULL NAME James I (a) Residence: No.			St, Ward.	Boynton, If nonresident give	Pa.	d State
PERSONAL AND STATIST	ICAL PART	ICULARS	MEDICAL	CERTIFICATE C	F DEATH	
3. SEX Male 4. COLOR OR RACE White		RRIED, WIDOWED, ED (write the word) Cied	21. DATE OF DEAT			, 193 4
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Ethe	el Murra	ay		BY CERTIFY,		
6. DATE OF BIRTH (month, day, and year)	May 2,	1888	I lest sew h elive on			
7. AGE Years Months 45 10	Days	If LESS then 1 day,hrs. ormin.	to have occurred on the date: The PRINCIPAL CAUSE OF D	steted above, et	m.	Date o
STrede, profession, or particular kind of work done, es SPINNER, F.O. SAWYER, BDDKKEEPER, etc	11. Totel		Sange m	isistant isistant in near o	Lysig.	
12. BIRTHPLACE (city or town) Garre (Stete or country)	ett, Son	n. Co. Pa.				
13. NAME John I	Jurray	4	Neme of operation			
(State or country) 15. MAIDEN NAME Maling	Ireland la Smith		What test confirmed diegnosis 23. If death was due to externa			
16. BIRTHPLACE (city or town)(Stete or country)	Som. Co	o., Pa.	Accident, suicide, or homicide Where did injury occur?	accidentone Garrett Co.	of injury 3/	17., 19.
17. INFORMANT John I (Address)	Hardsock Garret		Specify whether injury occurred Public Place	(Specify city or towed in INDUSTRY, in HOME,	n, county and Sta or in PUBLIC PI	te) LACE.
18. BURIAL, CREMATION, OR REMOVAL CO	em.		Manner of injury Aut		ident	

Frostburg

Thomas Crowe

STATE OF MARYLAND—CERTIFICATE OF DEATH

Date of onset

Was there an autopsy?_____

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Neture of injury

If so, specify

24. Was diseese or injury in any wey related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street cor	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
	1	942	
Other contributory causes of importance:		Other continuous causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		- Car	

important.

very

CIANS

No.

PARENTS

business, or establishment in

(State or country)

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Address)

(Informant)

10 NAME OF FATHER

9 BIRTHPLACE

of certificate

	DEATH		
County Ma	rett	0-0-1 0-0 0-1-0-0-0-0	
llage or City	Emania, le	1,16 (No.	
² FULL NA	ME Bab	· Per	nn
PERSONAL	AND STATISTIC	AL PARTICI	JLARS
Male 4 Co	While	5 SINGLE, NARRIED, WIDOWED OR DIVORC (Write the w	
DATE OF BIRTH		,-	
Sept.9-1	1930 6	3	+3
	(Month)	(Day)	(Year)
GE			If LESS than

which employed or (employer)....

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

glas	a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH MACK	Q2-, 1624 (Day) , 1624
17 I HEREBY CERTIFY, That I att	val 22, ,1934
that I last saw h An alive on h.	reh 2 1 , 1934
and that death occurred on the date stated	above, at 3 7. m
The CAUSE OF DEATH 't was as follows:	
Difhtheria	
(Duration)	yrs
Contributory Secondary	***************************************
(Signed) W. J.	mos de
March 2 4 192 4 (Address) . GAM.	anius loca.
*State the Disease Causing Death, Violent Causes, state (1) Means of Inju Accidental, Suicidal or Homicidal.	or, in deaths from ry; and (2) whether
18 LENGTH OF RESIDENCE (For Hospicents, or Recent Residents)	tals, Institutions, Trans-
At place In the	yrsmosda.
Where was disease contracted, if not at place of death?	
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 16 W. Balto., Requesting V. S. No. 1.

Registrar

REVISED UNITED STATES STANDARD ERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer or given up on account of the disease causing Death Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons cnployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc For many occupations a single word or term on For persons who have no occupation -Coal mine, etc. Wom-

fever (the only definite synonym is "Epidemic cerebro-spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Ccrebrospinal EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept Lobar pneumonia, Bronchopneumonia ("Pneumonia," Typhoid fever (never report "Typhoid pueumenia"); Statement of Cause of Death-Name, first, the DIS

> Nomenclature of the American Medical Association.) head of "contributory." (Recommendations on statement of cause of death approved by Committee on quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or momicidal, or diseases resulting from childbirth or miscarriage as State cause for which surgical operation was under-"PUERPERAL 8cpiicacmia," "PUERPERAL peritonitis," etc. ean be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," taken. For violent deaths state means of injury "Dropsy," "Exhausticu," "Heart failure," "Haemorvulsions," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. causing death), 29 ds.; Bronchonneumonia stated unless important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory use of "Tunnor" for malignant neoplasms); inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men (name origin; "Cancer" is less definite; avoid Whooping cough; Chronic valvular heart disease; "Debility" ("Congenital," "Senile," etc.), Never report more symptoms or terminal (second-Measles; "Con-

tions answered in detail, it will prevent further correspondthe co If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before

certificate is permanently filed.

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	91-0)
County of great	Registration Dist. No.
Village or City Oakland, Md	No. St., Ward
Length of residance in city or town whera death occurredyrs,mo	If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Charles Vielte	10,1
The state of the s	efer,
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed or divorced	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Retter Reference	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 1000, 22, 1902	I last saw h_ lon_ aliva on
7. AGE 3 / Years 4 Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at
ormin.	were as follows: Datepionet
9. Frada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	publicur Totalerial Marianton
Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	The state of the s
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Rous looking	Other Contributory Canses of Importance:
(State or country) 10 Ta	Zong o Can So 10 Gra
13. NAME	
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was thar an autopsy?
16. BIRTHPLACE (city or town). Colland.	23. If daath was due to external causas (VIOL ENCE) filt in also the following:
16. BIRTHPLACE (city or town).	Accidant, suicide, or homicide? Date of injury, 19
17. INFORMANT Besthae Swaves	Where did injury occur?(Specify city or town, county and State) Spacify whethar Injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Later and Marchan. 24, 1935	Manner of Injury
19. UNDERTAKER Zussey D. Baldey (Address) 10.851 a. M.	24. Was disease or injury In any way related to occapation of deceased?
20. FILED 12. 74, 1934 Selia Coudant Registrar.	(Signad) Wind W.D. (Addrass) Dell Qay & S
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	1915	Attack of epilepsy		1 week ago
Chronic interstitial nephritis	1921	Run over by street	car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	11 9561 6 86V	3 days ago
			DESENTED	
Other contributory causes of importance:	- 4	Other contribute	ory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

V. S. No. 1 N. B.—

STATE OF	MARYLAND-	-CERTIFICA	ATE	OF	DEATH
JIAIL	TAIL PER TOUR TOUR				

02791

1. PLACE O				93-2	,
County	Garrett			Registration Dist. No	
Village or	City Friendsvi	lle, Md	R.F.D. (if	NO. St., death occurred in a horpital or institution, give its NAME instead of street and s ds. How long in U.S. if of foraign birth?yrsme	Ward number) osds.
	ME Milton H				
	nce: No.	(Usual place		St., Ward. if nonresident give city or town and	State
PERSO	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	No.
s. SEX Male	4. COLOR OR RACE White	5. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH March 11. (Month)	, f93_4 (Year)
(or) WIFE of	Samantha Ru	sh Lept. 7,1	1860	22. I HEREBY CERTIFY, That I attended July	, 1934.
7. AGE Y	ears Months	Days 4	If LESS than f day,hrs.	to have occurred on the date stated above, at 2Pm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
9. Industry of work work with SAW M	fession, or particular f work done, as SPINNER, R, BOOKKEEPER, etc	Own Far	m time (years) ant in this cupation53	Chronic Myocarditis and Myocardial degeneration Other Contributory Causes of Importance:	June 1,
12. BIRTHPLACE (State or c		and		Arteriosclerosis	June 1924
f3. NAME	Jas. H. Rusl	n			
	CE (city or town) Pen	nsylvani	. 8	Name of oparation Data of What test confirmed diagnosis? None Was there an	
I BIRTHPLA	mo San	itchell nsylvani curella	3 Rush	23. If daath was due to external causes (VIOLENCE) fill in also the followin Accidant, suicide, or homicide?	, f9
18. BURIAL, CREM	ation, or removal loomingrose	Date Ma	rch 13,34	Manner of injury	
f9. UNDERTAKER (Addrass)	men	on all	Stollen	24. Was disaase or injury in any way ralated to occupation of deceased? If so, spacify (Signad) Friendsville Md.	No M. D.
20. IILLU - #- 3-11			Registrar	(Address) Friendsville, Md.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHEI	STATEMENTS	BY	PHYSICIAN	V
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PLACE OF DEATH County Dovett	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Deer Park. (No.	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	
3 1 , 1934	that I last saw halive on, 192,
(Month) (Day) (Year) AGE If LESS, than	and that death occurred on the date stated above, at
I day .7/2hrs.	The CAUSE OF DEATH & was as follows
yrsmosds.lormin. ?	Was born alive! lived I's hours
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration)
(State or country) Deer Park md.	(Duration), vrs mos da
10 NAME OF FATHER Woodrowalong Warniel	(Signed) Zalura de Ballon M. D Park m. D
OF FATHER (State or country) Deer Park md.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Jeans of Injury: and (2) whether Accidental, Suicidal or Homleidal,
of Moth Desie Virginia Harvey	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Kilimiller and.	At place of death yrs. mos. da. In the State, yrs mos da. Where was disease contracted,
II THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informani) Woodroo Warnick	usual residence
(Address) Deer Park md.	E 1 Charybur Park 3- 2- 1034
Filed 3-2- 1984 Cellis M. arhly	20 UNDERTAKER ADDRESS
Registrar	Frank Clary Neur Japan
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requestive V. S No. 1.

In Sollars 04-11-34

PEVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

tions 6 yeas.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing Death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," ctc., additional line is provided for the latter statement; it wl alever, write None. Never return "Laborer," "Foreman." "Manager." "Dealworked on may form part of the second statement. "pinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, expation is very important, so that the relative health-(a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, fulnces of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocapplies to each and every person, irrespective of For many occupations a single word or term on At Home, and children, not gainfully emwithout more precise specification as Day -Coal mine, etc. Wom-

Extensent of Cause of Death—Name, first, the primary affection with respect to time and causation), using always the same accepted term for the lame disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic corchrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,").

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee head of "contributory." (Recommendations on statequences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conseas probabily such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all ary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway and qualify as Accidental, SUICIDAL, or HOMICIDAL, OF "Puerperal septicaemia." "Puerperal peritonitis," etc. symptomatic), "Atrophy," "Collapse," "Coma," causing death), 29 ds.; Bronchopneumonia stated unless important. inges, peritonacism, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Poisoned by carbolic acid-probably suicide. taken. For violent dearies state means of injuri State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsions," Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need Whooping cough; Chronic valvular heart disease; "Debility" ("Congenital," "Senile," etc.), Example: Mcasles (disease (secondnot be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

LIVED

7

PLACE OF DEATH	STATE OF MARTLAND
- Marritt.	© CERTIFICATE OF DEATH
County Savreus	Registration Dist. No. 169
19. P. B	
Fillage or City (No. , —	St: Ward) (If death occurred in a hospital or institu-
Print W	ion, give its NAME in-
² FULL NAME Sulleting Uar	milke Sumper.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 1 COLOR OR RACE 5 SINGLE, MARRIED.	16 DATE OF DEATH
WIDOWED OR DIVORCED	(Month) (Day) (Year)
(Write the word)	17 I HEREBY CERTIFY, That I attended the deceased from
B DATE OF BIRTH	
3 1 ,934	that I last saw halive on
(Month) (Day) (Year)	and that death occurred on the date stated above, at
AGE If LESS than	The CAUSE OF DEATH & was as follows:
I dayhrs.	Bill born.
yrsmosds.lor min. ?	Ten + 2 was still from Cure
(a) Trade, profession or particular kind of work	A STATE OF THE STA
(b) General nature of industry	
business, or establishment in which employed or (employer)	
BIRTHPLACE	Contributory Secondary
(State or country) ser Vark md.	(Duration)yrsmos de
10 NAME OF FATHER	(Signed) Edward Esollans M.D.
Woodrow Oloms Warnick	3/1 1934 (Address) Deer Park. md.
11 BIRTHPLACE OF FATHER (State or country) Dear Parke md,	*State the Disease Causing Death, or, in deaths from
(State or country) Dear Var ve mai	Violent Causes, state (1) .4eans of Injury: and (2) whether Accidental, Suicidal or Homicidal.
C 12 MAIDEN NAME OF MOTREE	15 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients, or Recent Residents)
OF MOTHER (State or country) Kinmillas, M.	of deathyrsda. State,yrsmosda.
4 THE ABOVE IS TRUE TO THE RUST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Woodrow Warnich	Former or usual residence
19 Pak md	19 PLACE OF BURIAL OR MEMOVAT DATE OF BURIAL
(Address) New Same 114.	10 ur Jark mel 3-2- 1934
Filed 3-2- 1984 all's milishly	20 UNDERTAKER ADDRESS
Filed State Registrur	Frank Oland Dur Vank
if more blanks are needed, address State Registrar.	16 W. Saratoga St., Balso., Requestive V. S No. 1 Md

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servent, Cook, to report specifically the occupations of persons enployed, as At echool or At home. Care should be taken definite salary). may be entered as Housewije, Househousehold only (not paid Housekespers who receive a en at home, who are engaged in the duties of the Miborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Whatever, write None. (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is neces-Civil engineer, Stationary fromen, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of espation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; Physician, Compositor, Architect, Locomotice engineer, fulness of various pursuits can be known. Statement of Occupation-Precise statement of oc-6 yrs.). For persons who have no occupation For many occupations a single word or term on At Home, and children, not gainfully emwithout more precise specification as Day The material The ques-

Educament of Cause of Death—Name, first, the distance causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lodar pneumonia, Bronchopneumonia ("Pneumonia").

quences (e. g., sepsis, tetanus) may be stated under the nead can be ascertained as the cause. Always qualify all rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustion." "Heart failure," "Hacmorsymptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid—probably suicide. train-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"Puerpiral septicacmia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease vulsious," Nomenclature of the American Medical Association.) Examples: Accidental decreasing; Struck by railway Causing stated unless important. Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men BuidooyA of "contributory." of cause of death approved by FOR VIOLENT DEATHS STATE MEANS OF INJURY death), 29 ds.; Bronchopneumonia "Debility" ("Congenital," "Senile," etc.), cough; Chronic valvular heart disease; (Recommendations on state-Example: Measles "Coma," Committee The na-(disease Meastes; (merely (second-"Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.